



DEPARTMENT OF CITY PLANNING

810 Union Street
Room 508
Norfolk, VA 23510
(757) 664-4752
(757) 441-1569 (FAX)
www.norfolk.gov/planning

CONDITIONAL CHANGE OF ZONING APPLICATION



Application Procedures

1. **A pre-application meeting is required.** To arrange for an appointment, please call 664-4752.
2. Submit completed application with all required attachments including :
 - Survey/Site Plan
 - Required application fee, **\$705.00** (if check, make payable to the City of Norfolk).
 - Application fee includes a non-refundable \$5 technology surcharge.
 - If accompanied with a necessary map amendment to the City's adopted general plan, *plaNorfolk2030*, an additional technology surcharge of **\$5** will be required.
 - One 8½ x 14 inch or 11 x 17 inch copy of a physical survey, drawn to scale and showing site conditions and improvements (including portions of the right-of-way to the curb line):
 - Existing and proposed building structures
 - Driveways
 - Parking
 - Landscaping
 - Property lines (see attached example)
 - One 8 ½ x 14 inch or 11 x 17 inch copy of a conceptual site plan drawn to scale and showing all proposed site improvements, landscaping, drive aisles and parking with dimensions, and proposed changes to parcel/property lines (including lease lines) if applicable.
 - Proffered conditions.
 - Written description and details of the operation of the business (i.e., # of employees, # of bays, reason for rezoning, etc...)
 - Description and details of request.
3. Attach a separate sheet with proffered conditions.
4. Contact appropriate Civic League prior to public hearing. Applicant must provide staff written documentation of the outcome of that meeting/discussion prior to the public hearing.
5. Staff will review application to determine completeness.
6. Staff to post legal notice of application in Virginian Pilot and on property and photograph subject property
7. The Planning Commission will visit the site on the 2nd Wednesday of the month. It is not necessary for the applicant to be present.

DEPARTMENT OF CITY PLANNING ZONING SERVICES

5TH FLOOR, ROOM 508
(757) 664-4752 / (757) 441-1569 (FAX)

CONDITIONAL CHANGE OF ZONING APPLICATION



Application Procedures

8. Applicant must attend public hearing:

- ▶ Where: City Hall Building
11th Floor, Council Chambers
- ▶ Time: 2:30 p.m.

9. During the Commission's hearing:

- ▶ Applicant must register to speak
- ▶ Staff will present application and recommendation
- ▶ Applicant/representative may make a presentation
- ▶ Proponents may speak
- ▶ Opponents may speak
- ▶ Rebuttal

10. The Planning Commission will make a recommendation on the application at their hearing which will be forwarded to City Council.

11. The applicant may contact Planning staff 2 weeks after the hearing to obtain a tentative Council date (the City Manager's Office establishes Council's agenda).

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CONDITIONAL CHANGE OF ZONING APPLICATION



APPLICATION CONDITIONAL CHANGE OF ZONING

Date of application: _____

Conditional Change of Zoning

From: _____ Zoning To: Conditional _____ Zoning

DESCRIPTION OF PROPERTY

Property location: (Street Number) _____ (Street Name) _____

Existing Use of Property: _____

Current Building Square Footage _____

Proposed Use _____

Proposed Building Square Footage _____

Trade Name of Business (If applicable) _____

APPLICANT

(If applicant is a LLC or a Corp./Inc., include name of official representative and/or all partners)

1. Name of applicant: (Last) _____ (First) _____ (MI) _____

Mailing address of applicant (Street/P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of applicant () _____ Fax () _____

E-mail address of applicant: _____

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Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

(Revised January, 2015)

**Application
Conditional Rezoning
Page 2**

AUTHORIZED AGENT (if applicable)

(If agent is a LLC or a Corp./Inc., include name of official representative and/or all partners)

2. Name of applicant: (Last) _____ (First) _____ (MI) _____

Mailing address of applicant (Street/P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of applicant () _____ Fax () _____

E-mail address of applicant: _____

PROPERTY OWNER

(If property owner is a LLC or a Corp./Inc., include name of official representative and/or all partners)

3. Name of property owner: (Last) _____ (First) _____ (MI) _____

Mailing address of property owner (Street/P.O. box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of owner () _____ email: _____

CIVIC LEAGUE INFORMATION

Civic League contact: _____

Date(s) contacted: _____

Ward/Super Ward information: _____

CERTIFICATION:

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

Print name: _____ **Sign:** _____ / _____ / _____
(Property Owner or Authorized Agent of Signature) (Date)

Print name: _____ **Sign:** _____ / _____ / _____
(Applicant) (Date)

ONLY NEEDED IF APPLICABLE:

Print name: _____ **Sign:** _____ / _____ / _____
(Authorized Agent Signature) (Date)

PROFERRED CONDITIONS

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

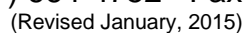
Print name: _____ Sign: _____ / _____ / _____
(Applicant) (Date)

Print name: _____ Sign: _____ / _____ / _____
(Property Owner or Authorized Agent of Signature) (Date)

Site Plan

SIGNED: *Ward M. Holmes*

- 1) THE PROPERTY SHOWN HEREON APPEARS TO LIE IN "C" FLOOD ZONE
ACCORDING TO F.E.M.A. MAP PANEL NO. 510104-0010D, REVISED
APR. 17, 1984.
- 2) THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE REPORT,
AND MAY NOT SHOW ANY/ALL EASEMENTS AFFECTING THE PROPERTY.



Conceptual Site Plan
(required for new construction or site improvements)

